

# Promising Practices Guide – Survivor Voice Survey Summary

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## **Introduction**

This report includes the outcomes of the data analysis of the Survivor Voice survey. The Survivor Voice survey was used to gather data and offer insight from survivors of domestic violence who had received supportive services in Virginia. Additionally, the survey results will inform a set of promising practice guidance documents on various topics, including transportation, communal shelter, language access, and more. The resulting Promising Practices Guide is intended to support local domestic violence service providers in Virginia. Staff of the Office of Family Violence (OFV) designed the survey from July to October 2020. Idea Translations and Lionbridge Technologies provided the professional Spanish translation of the survey. Aline Jesus Rafi and HeeJu Jang-Paulsen, Senior Research Associates at the Office of Research and Planning, provided a review of the survey methodology.

## **Population and Sample**

The survey was geared towards diverse individuals who had received services from local domestic violence programs or community-based organizations in Virginia. This includes individuals who resided in temporary shelters and those who accessed non-shelter-based services. A \$10 e-gift card was available for the first 100 participants who completed the survey. Survey participants were also offered the opportunity to participate in a 90-minute focus group to provide additional information on specific topics.

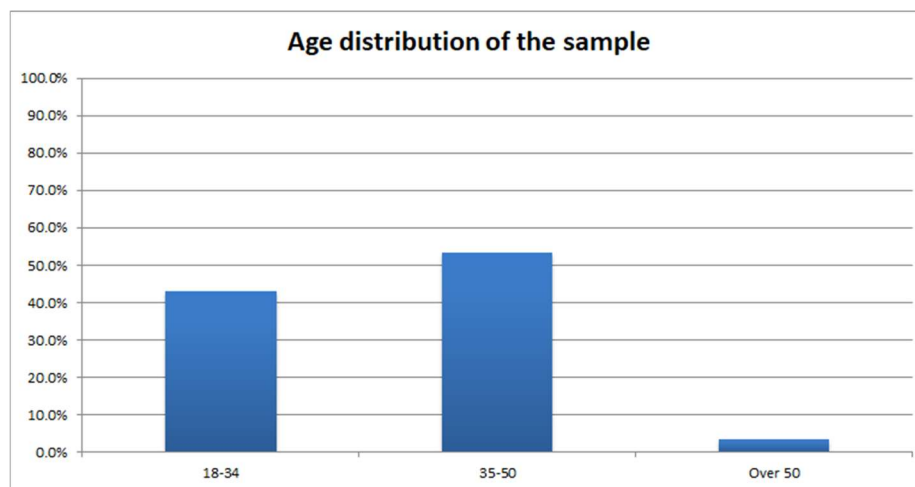
After receiving approval from the VDSS IRB, OFV deployed a Qualtrics survey on May 17, 2021, via a hyperlink posted on the Virginia Department of Social Services website. Participants were recruited through digital flyers, social media outreach, and personal

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connections with domestic violence service providers. Unfortunately, the recruitment and participation occurred during the COVID-19 pandemic, which limited in-person and community outreach. On June 9, 2021, Quillin Musgrave realized that a large number of responses appeared to be from automated software, also known as bots, and from respondents attempting to earn the survey incentive. The survey closed on June 28, 2021, with 520 responses.

Due to the large number of ineligible responses, Drs. Jesus Rafi and Jang-Paulsen reviewed the data to identify the most likely legitimate responses. This process of identification included reviewing the geographic origin of the responses via IP addresses and geolocation. Through this process, they identified 86 legitimate responses. This report includes the analysis and recommendations as per the data collected from these 86 participants.

Before delving into the analysis, we will provide a summary of the survey sample. Among the 86 responses deemed valid, 46 (53.5%) were from respondents between the ages of 35 and 50. Another 37 identified as 18 to 35 year-olds. Only three of the respondents were older than 50.



Except for two respondents, all identified as females. While 75 (87.2%) described themselves as heterosexual, few people answered "gay/lesbian" (n=2, 2.3%), "bisexual" (n=5, 5.8%), and "another" (n=2, 2.3%). The remaining two respondents preferred not to answer.

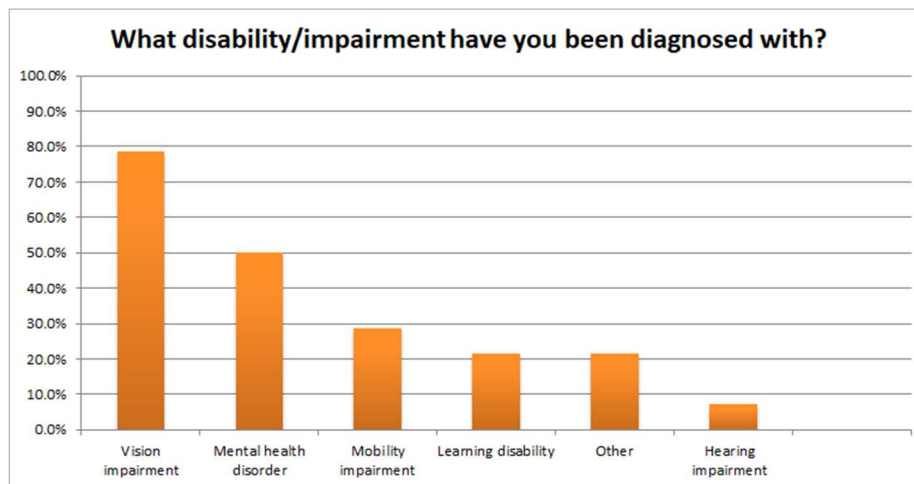
As for residency, 74 individuals (86.0%) said they live in an urban or suburban area and 12 (14.0%) in a rural area.

Furthermore, 25 individuals (29.1%) claimed to be Hispanic, Latinx, or of Spanish origin. Given that the Latinx population in Virginia is 9.6%, the survey seems to have oversampled this group.

However, only nine respondents (10.5%) said they speak Spanish primarily. The table below provides a further breakdown by race. Note that the percentages add up to greater than 100% because respondents could choose more than one race.

Race	Number of respondents	Percentage (%)
White	49	57.0
Black or African American	24	27.9
American Indian/ Alaskan Native	3	3.5
Native Hawaiian/ Pacific Islander	3	3.5
Asian	0	0
Other	6	7
Prefer not to say	2	2.3

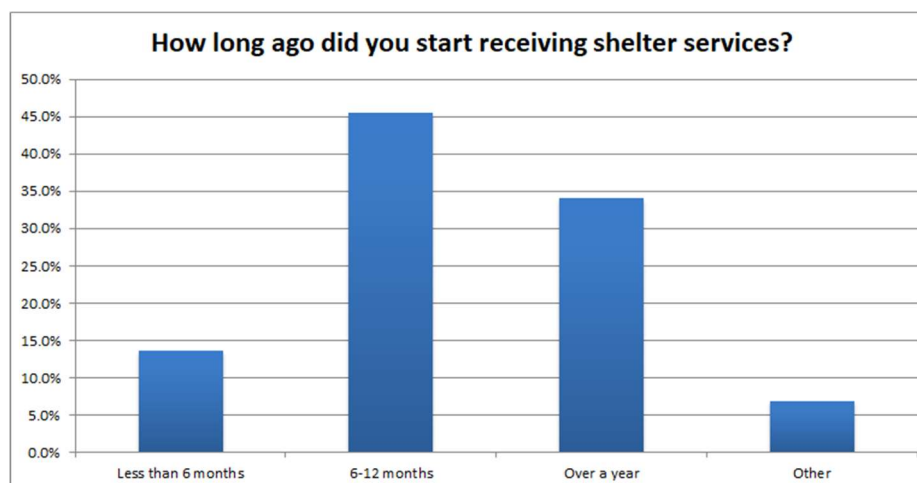
14 out of 86 respondents (16.3%) have been diagnosed with a disability or impairment. Among these individuals, vision impairment was the most often identified as at least one of the diagnoses (n=11, 78.6%), followed by mental health disorder (n=7, 50.0%) as the second most often identified disability.



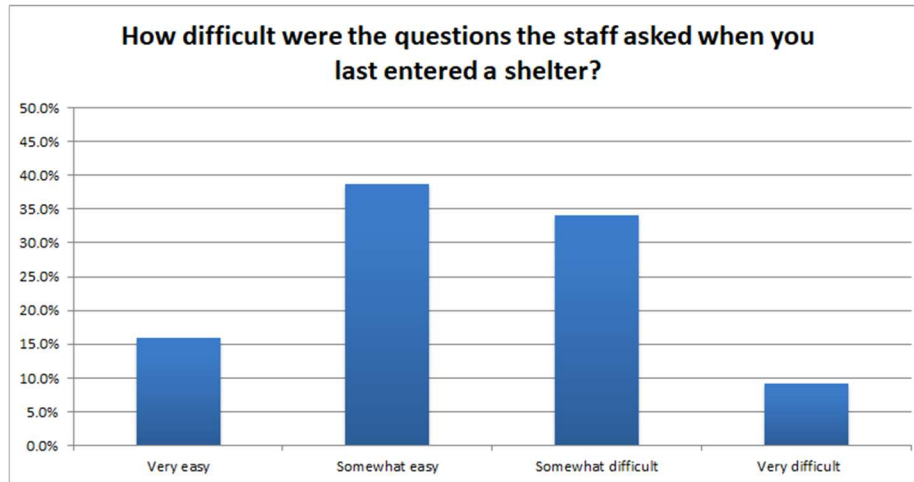
\*Note: respondents could choose multiple answer choices

## Shelter

About half of our respondents (n=44, 51.2%) mentioned that they are currently living or have lived in a shelter because they feared for their safety or the safety of their children. Most of these individuals (n=20, 45.5%) started receiving shelter services between 6 to 12 months ago, followed by those who started over a year ago (n=15, 34.1%). Six of them (13.6%) said less than six months ago, whereas three respondents (6.8%) qualitatively answered 4, 6, and 15 years ago.

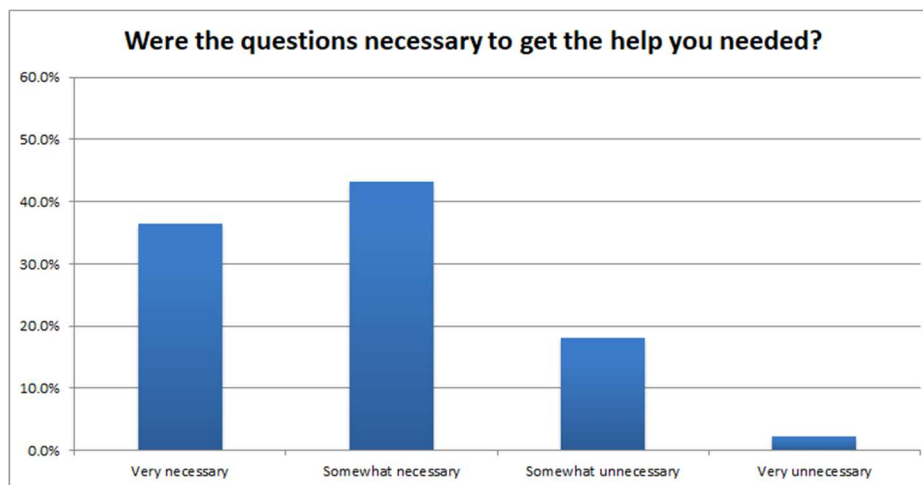
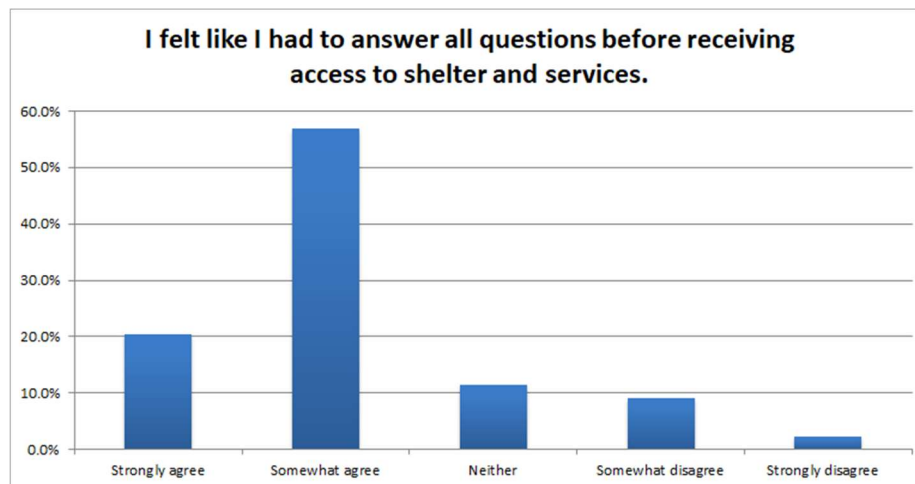


The respondents with shelter experience were asked to reflect on the last time they entered a shelter. In particular, they were asked to rate the difficulty of the shelter staff's questions at that time. While the most common answer was "Somewhat easy" (n=17, 38.6%), it is closely matched with "Difficult" (n=15, 34.1%). In addition, seven respondents (15.9%) stated that the questions were "Very easy," and 4 (9.1%) answered "Very difficult."

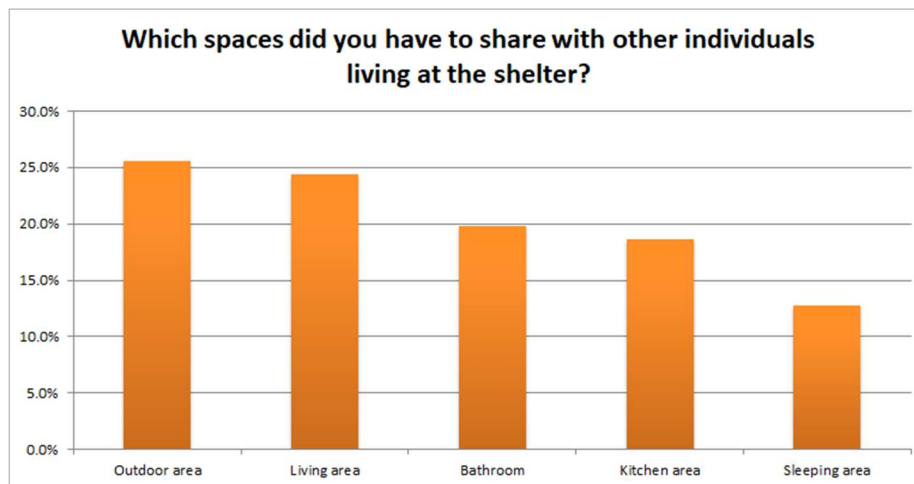


Despite this split in opinion, respondents prevalently stated that they could understand and answer the questions (n=38, 86.4%). Thus, although the questions are generally understandable, they could be made easier for individuals seeking shelter services.

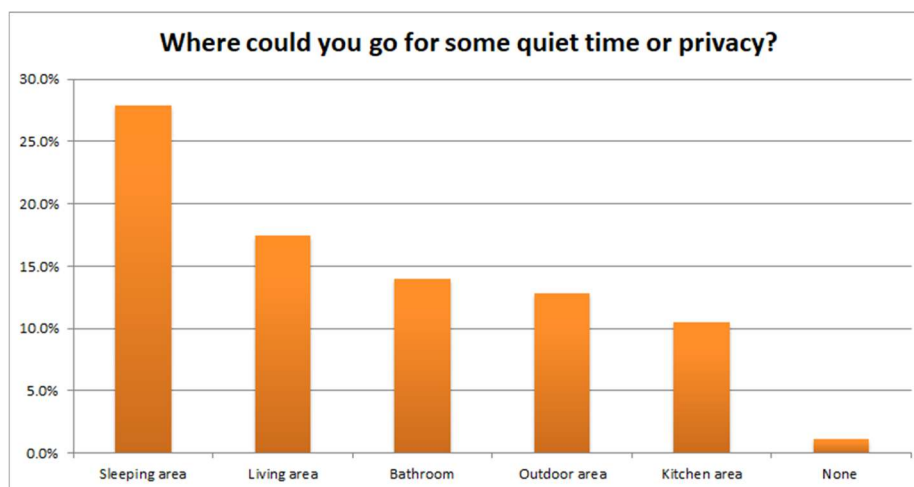
The survey also inquired about individuals' attitudes toward these questions. First, most respondents either agreed (n=25, 56.8%) or strongly agreed (n=9, 20.5%) that they felt like they had to answer all of those questions before receiving access to shelter. However, they also predominantly believed that these questions were very necessary (n=16, 36.4%) or somewhat necessary (n=19, 43.2%) to get the help they needed. In other words, individuals may feel pressured to answer all questions, but regard them as justified.



Among the respondents with shelter experience, a great majority (n=36, 81.8%) said their shelters or housing locations were confidential. To a similar extent (n=34, 77.3%), individuals were required to share space with other shelter residents. While the participants were most likely to share outdoor and living areas, they were least likely to share sleeping quarters, where they most frequently went to have some quiet time or privacy.



\*Note: respondents could choose multiple answer choices



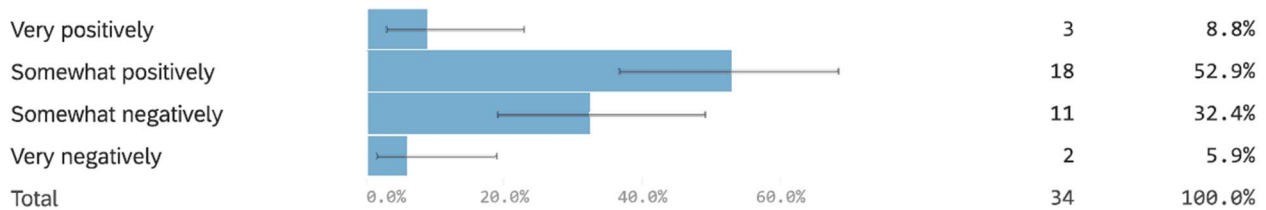
\*Note: respondents could choose multiple answer choices

When inquired about how living in a shared space impacted their mental, physical, and emotional health, slightly more than half of the respondents (n=18, 52.9%) expressed that they found the experience somewhat positive. While this is an interesting finding, it is not statistically greater than the number of individuals who answered “Somewhat negatively” (n=11, 32.4%) as indicated by the overlapping 95% confidence interval<sup>1</sup>. This means that we are 95% confident that the truly generalizable estimates for each category fall somewhere between the upper and lower ranges. The intervals are large due to the small sample size of

<sup>1</sup> A confidence interval (CI) is a range of values that is likely to contain the real population value. In the graph above, the black lines extending from each bar represent the CI. The left side of each line indicates the lower range of the CI, while the right side represents its top range. Survey outcomes that fall within the CI are expected results in the population. These results are calculated with 95% of certainty. In other words, we are 95% confident that the results within the CI range represent the opinions of the population under study.

the shelter respondents (n=44). Future surveys with a higher response rate may help provide more conclusive evidence.

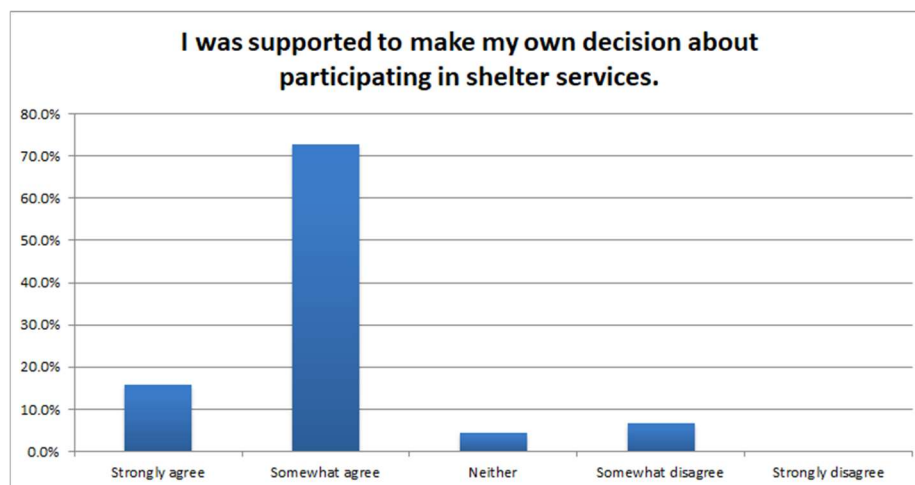
How did living in a shared space impact you mentally, physically, and/or emotionally?



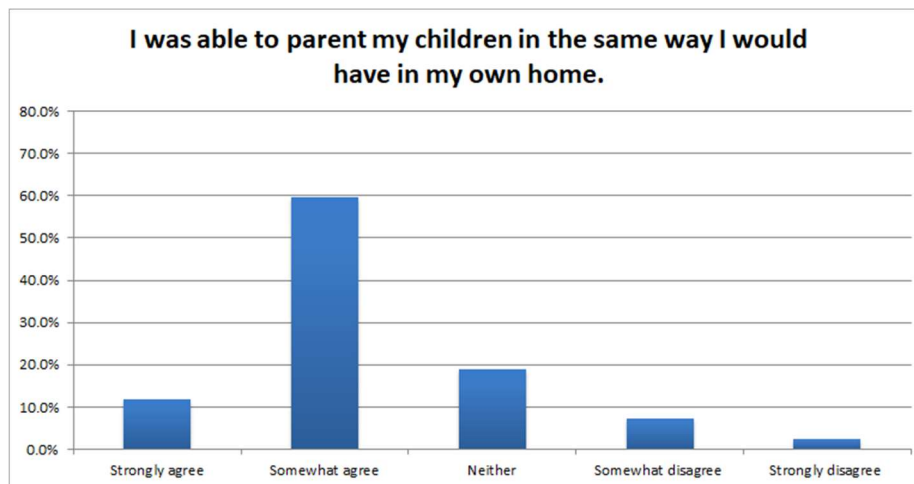
The survey also gauged respondents' perceived autonomy while living in a shelter by asking to what extent they agree with the following statements:

- I was supported to make my own decisions about participating in shelter services (support groups, counseling, etc.) based on what was in my best interest.
- I was able to parent my children in the same way I would have in my own home.

As shown below, the prevailing answers were varying degrees of agreement (88.6% and 71.4%, respectively). Overall, it appears that shelter residents are expected to make independent choices about participating in shelter services and parenting.

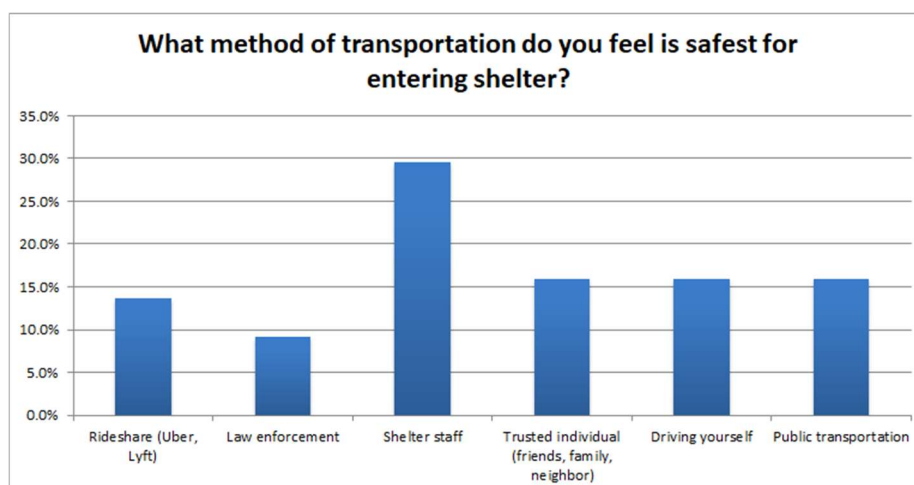


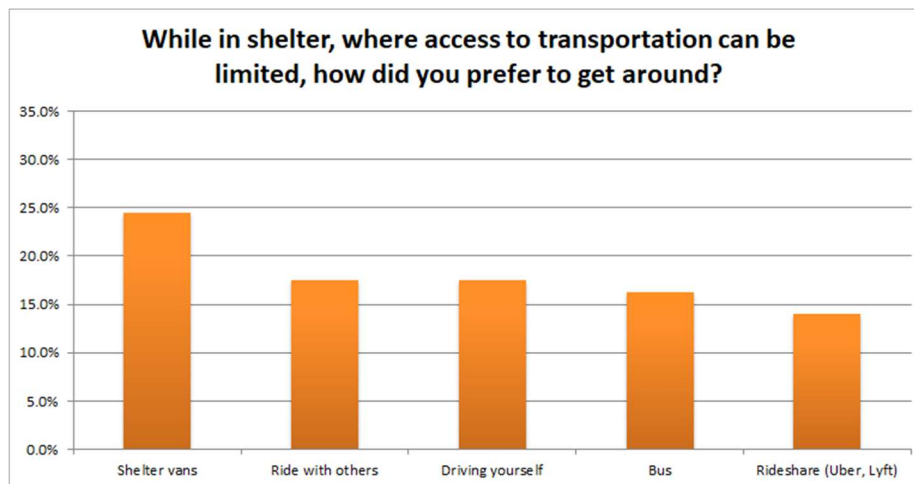




More than half of the respondents who have stayed at a shelter (n=25, 56.8%) indicated a medical condition requiring them to take medication or receive medical treatment. Yet, except for one of these respondents, all received support from staff to access their medication while at a shelter.

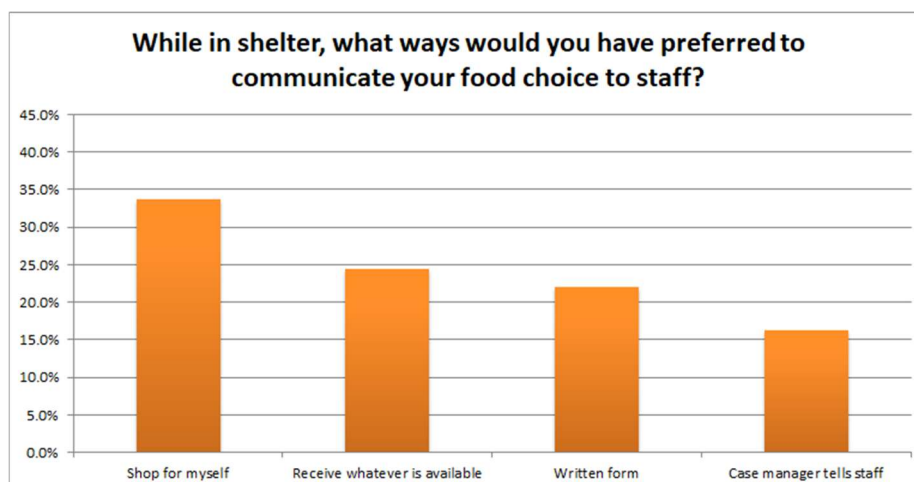
There are also questions related to the services provided by the shelter. According to the two figures below, transportation provided by the shelter is considered the safest and most preferable transportation method.





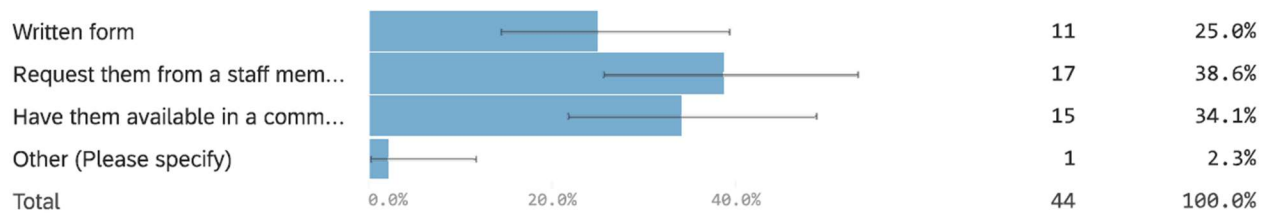
\*Note: respondents could choose multiple answer choices

Regarding food requests while in shelter, respondents most often indicated that they would have preferred to shop for themselves (n=29, 33.7%). For personal hygiene or skin and hair care products, the most favored method was to request from a shelter staff member (n=17, 38.6%). However, the latter question did not include “shopping for themselves” as a response option. The confidence intervals (CI) once again overlap with the survey responses. As explained previously, this means that there is a 95% certainty that the true estimates for each category are likely to fall within the ranges of the CI. Thus, when it comes to requesting their hygiene products, it is inconclusive, at this point, whether the shelter residents prefer a particular communication method over others.

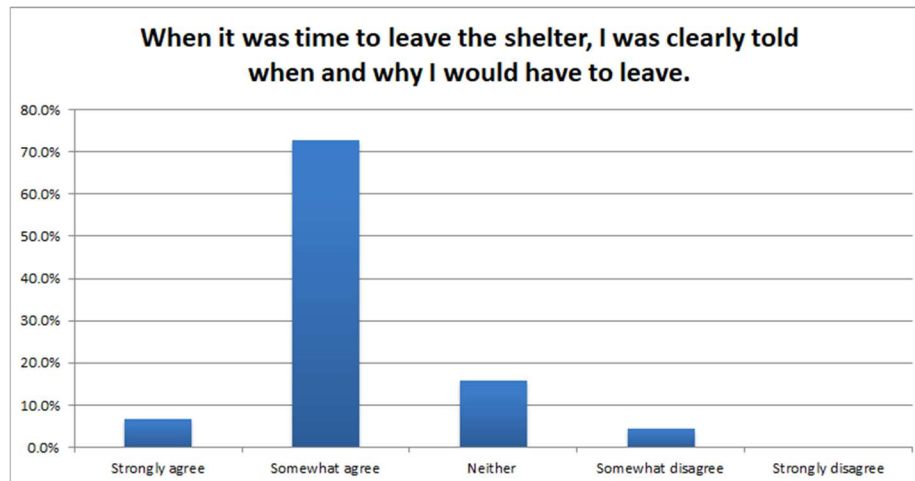


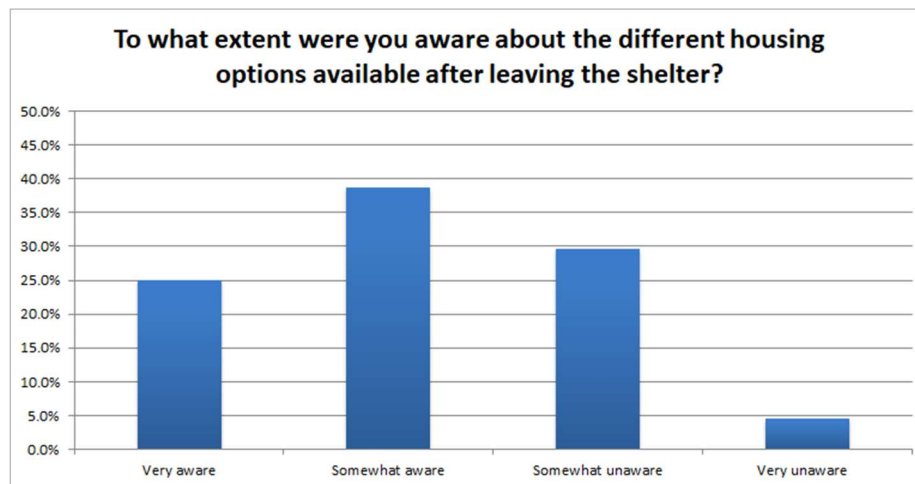
\*Note: respondents could choose multiple answer choices

## How would you prefer to request items like personal hygiene or skin/hair products from staff?



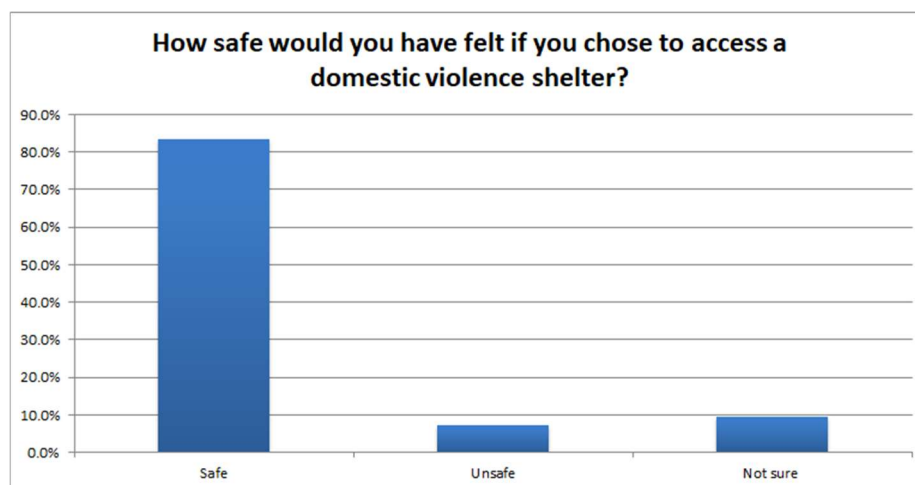
Finally, respondents were asked two questions regarding leaving the shelter. Thirty-five of them (79.5%) replied that when it was time to leave the shelter, they were clearly instructed when and why they would have to leave. Additionally, 11 (25%) and 17 (38.6%) people were also very aware or somewhat aware of different housing options available after leaving the shelter, respectively. However, not a small number of respondents (n=13, 29.5%) expressed that they were somewhat unaware. Therefore, it may be beneficial to put a greater effort into informing shelter residents about these alternatives.

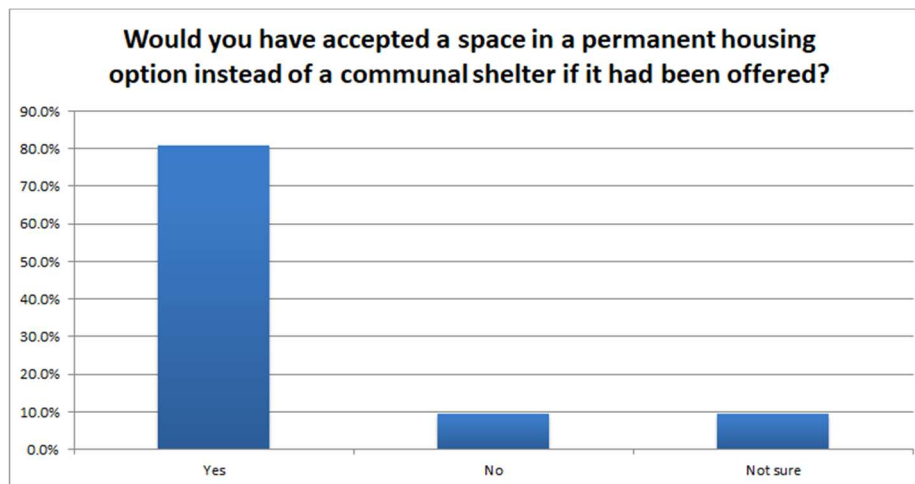




## Non-shelter

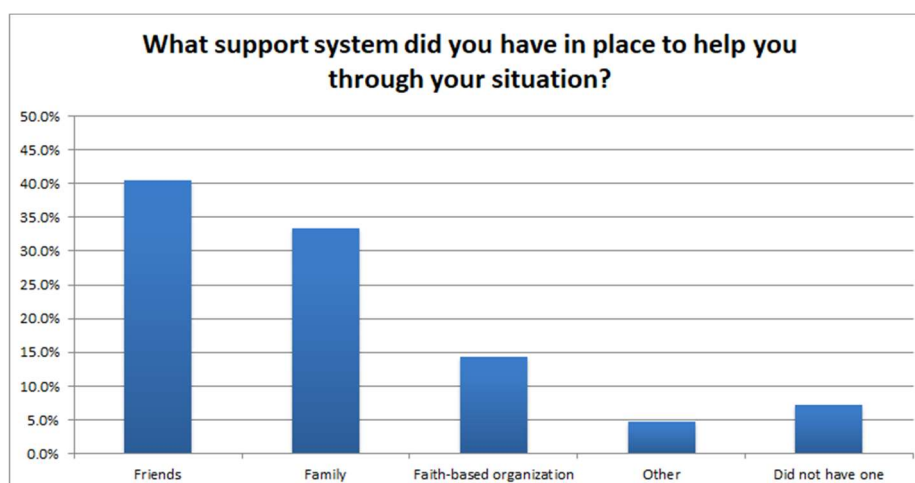
Among the 86 legitimate survey takers, 42 (48.8%) have never lived at a domestic violence shelter. Although the majority of them (n=25, 59.5%) affirmed that they were aware of shelters as one of the housing options they could access, there were still 17 respondents (40.5%) who said they were not. While the difference between these two groups is not statistically significant given the small sample size, promoting greater awareness of the shelters would be immensely helpful for potential victims. The predominant agreement among respondents who argued that they would have felt safe (n=35, 83.3%) if they chose to enter a shelter supports this recommendation. There is also a clear preference for a permanent housing option over a communal shelter (n=34, 81%).

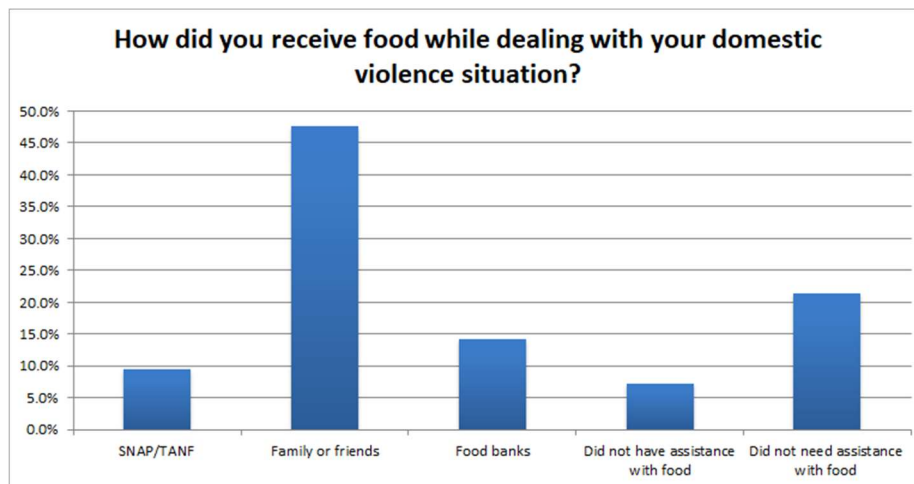




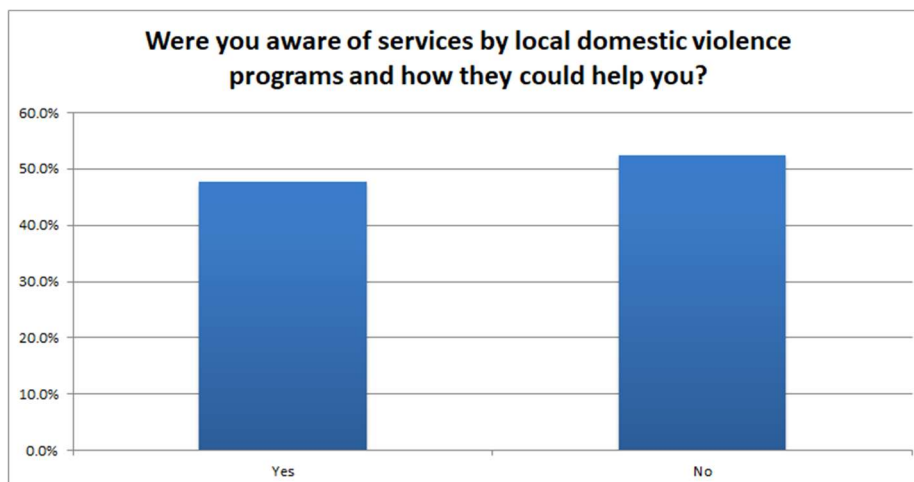
Eighteen out of 42 respondents with no shelter experience self-identified as parents. Among them, there seems to be no substantial or statistical difference between those whose children were a part of their decision on whether or not to access shelter (n=10) and those whose children were not a consideration in their decision (n=8).

To help them through their situation, the non-shelter respondents most often listed friends (n=17, 40.5%) and families (n=14, 33.3%) as their support system. Friends and family were also most likely to be listed as food sources while dealing with a domestic violence situation (n=20, 47.6%). This is important to note because more than half of these respondents (n=28, 66.7%) claimed that their domestic violence situation impacted their access to food.





Lastly, this group of survey takers were asked whether or not they were aware of the services offered by local domestic violence programs and how they could help their situation. The figure below shows a fairly even split between yes and no. This finding implies that there is room for improvement in promoting knowledge of domestic violence programs as well as that of shelters.



## Community Advocacy Services

The present study also investigated how widely community advocacy services are utilized. Close to 80% of the respondents (n=68) are currently receiving or have received these services from a local domestic violence program.

This is interesting given the sparse knowledge of these services among the non-shelter respondents observed earlier. To further scrutinize the utilization of community advocacy services, we cross-tabulated the response distribution between those with and without shelter experience. As shown in the table below, individuals who reside or have resided at a shelter before are more likely to have received services from a local domestic violence program than their counterparts. Accordingly, there needs to be both increased awareness and accessibility of these services for individuals who choose not to enter a shelter.

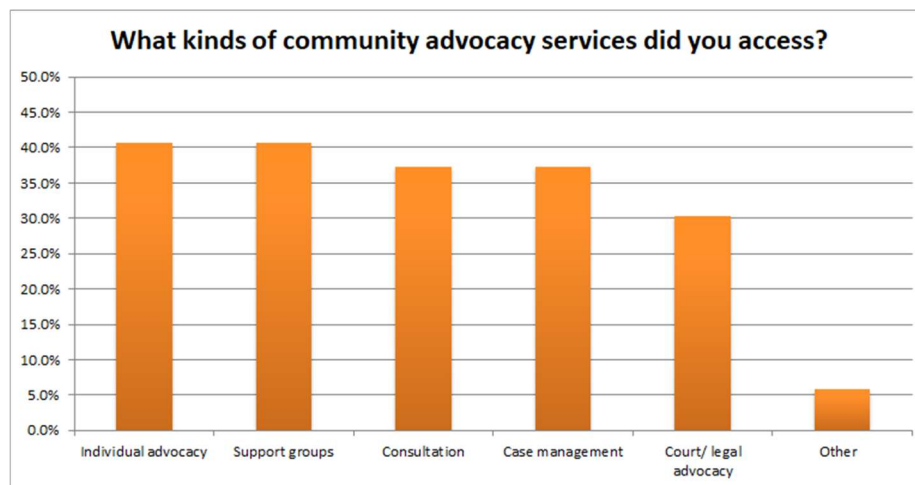
	Services	No Services	Total
Shelter	41 (60.3%)	3 (16.7%)	44
No Shelter	27 (39.7%)	15 (83.3%)	42
Total	68 (100%)	18 (100%)	86

Among the 68 respondents who have received community advocacy services, 28 (41.2%) started over a year ago, and 25 (36.8%), 6 to 12 months ago. Ten respondents said they began as recently as less than six months ago. For those who opted to provide a qualitative answer, one person wrote three years ago, three wrote six years, and another wrote as far back as 15 years.

More than 60% (n=42) of these individuals had no problem getting services from local domestic violence programs. Intriguingly, however, the shelter respondents were more likely to report having experienced problems getting the services than the non-shelter respondents.

	Problems	No Problems	Total
Shelter	24 (92.3%)	17(40.5%)	41
No Shelter	2 (7.7%)	25 (59.5%)	27
Total	26 (100%)	42 (100%)	68

As for the services that they actually accessed, individual advocacy and support groups (n=35, 40.7% for both categories) were the two services most often utilized. Many respondents also received consultation, case management (n=32, 37.2% for both categories), and court/legal advocacy (n=26, 30.2%). Five people elected to explain other services they received; three wrote counseling, one wrote money, and another wrote help with finding a job and housing.

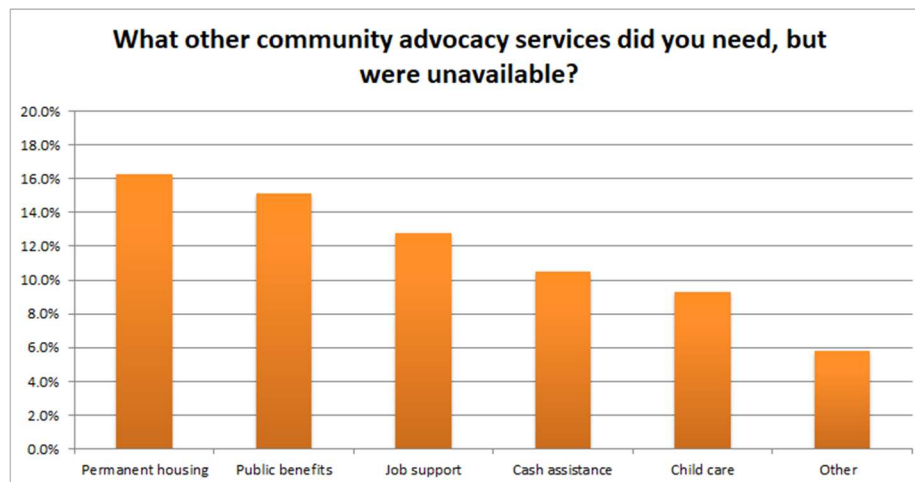


\*Note: respondents could choose multiple answer choices

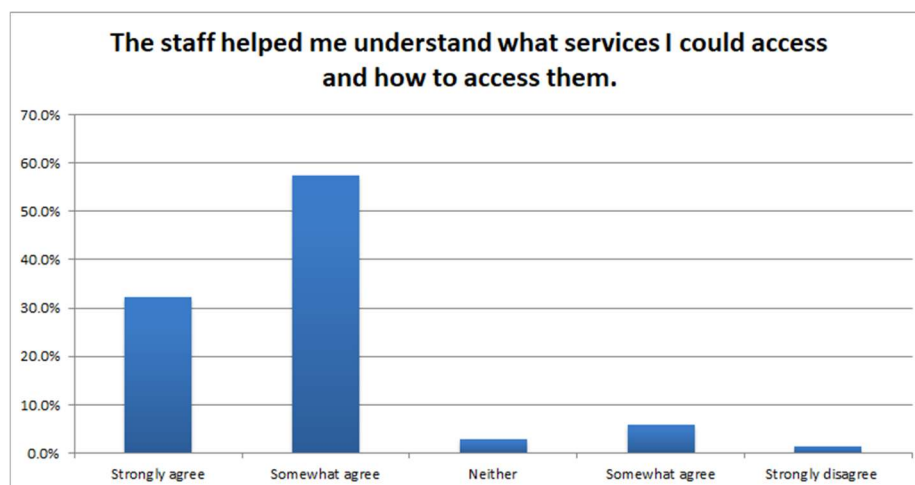
Respondents were also requested to list any other types of community advocacy services that were needed but inaccessible. Permanent housing was the most popular option (n=14, 16.3%), followed by public benefits (n=13, 15.1%), job support (n=11, 12.8%), cash assistance (n=9, 10.5%), child care (n=8, 9.3%), and other (n=5, 5.8%). This is consistent with the overwhelming preference for permanent housing over communal shelters among the non-shelter respondents earlier. Amidst the five “other” responses, four specified legal assistance



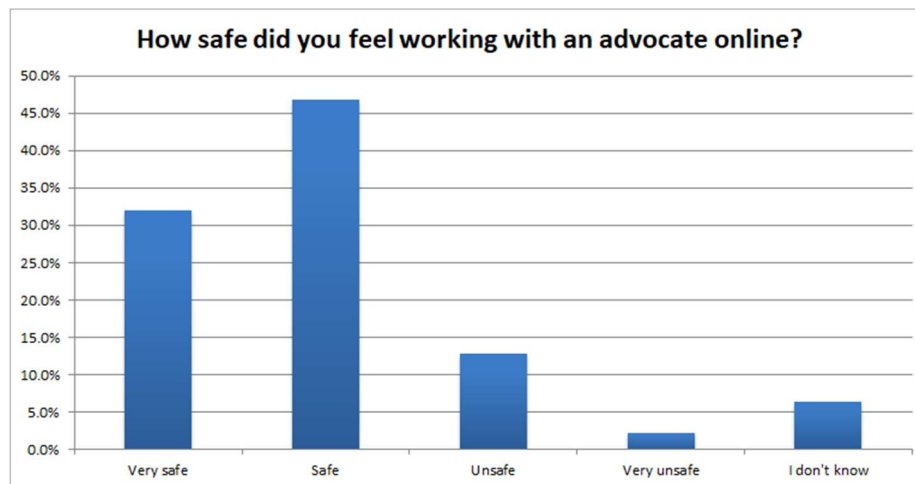
as the additional service needed. Given that court/legal advocacy is an already available service, this may suggest that some services are not as promoted as others. Despite this possibility, respondents generally agreed (n=61, 89.7%) that the program staff helped them understand what services they could access and how to access them.



\*Note: respondents could choose multiple answer choices



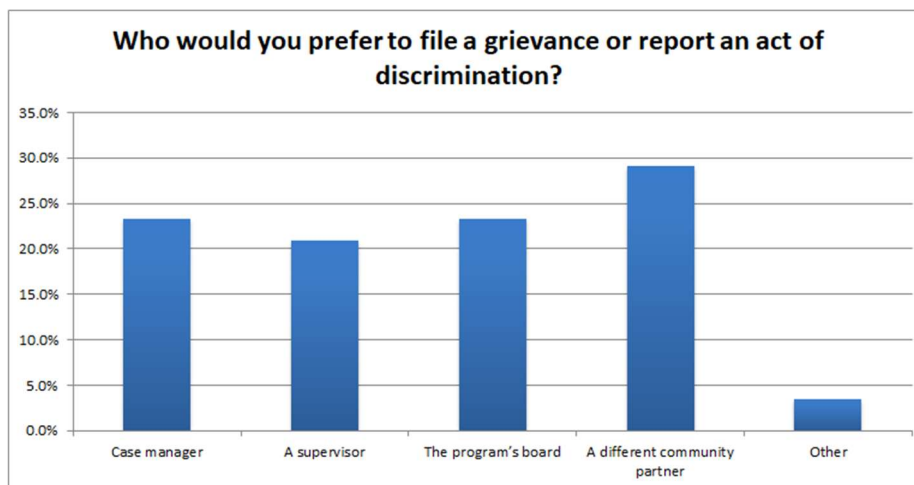
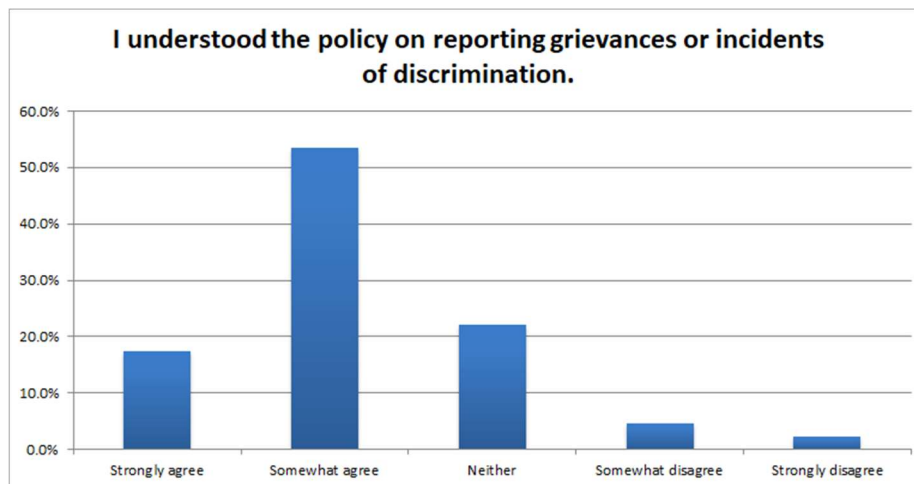
Local domestic violence programs often provide some services online. Forty-seven out of 68 respondents (69.1%) who have received any services before mentioned that they were served virtually. The online services were perceived as very safe (n=15, 31.9%) or safe (n=22, 46.8%).



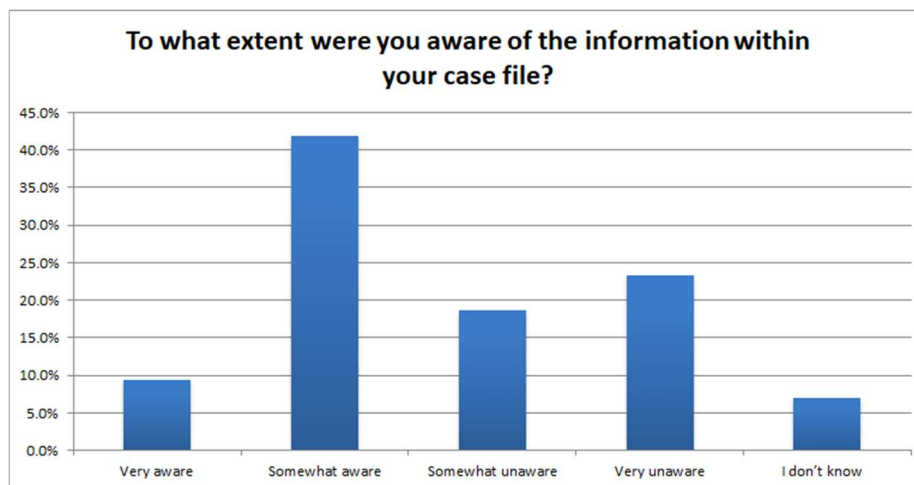
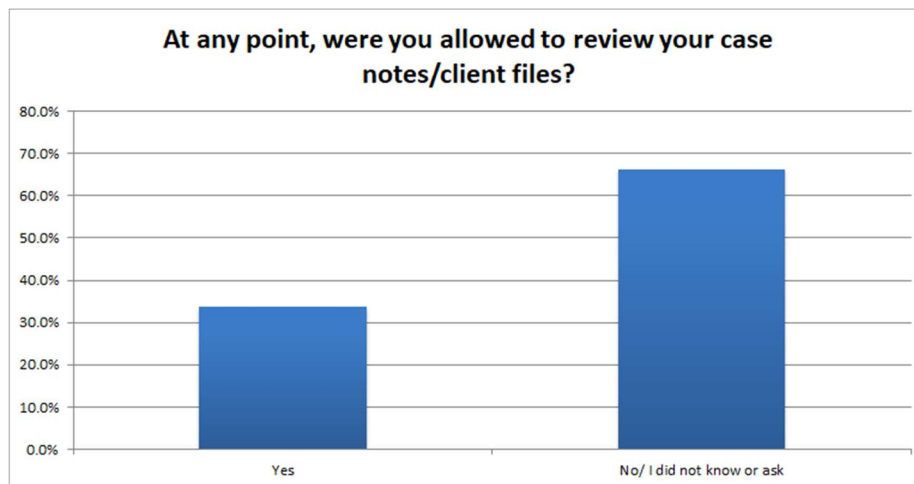
## Program Evaluation

The survey also included several questions about individuals' experience with evaluating the local domestic violence programs. First, more than half of the respondents (n=45, 52.3%) have reported grievances of incidents of discrimination. But it is a concern that a similar number of people (n=41, 47.7%) encountered and reported disservice.

A bulk of respondents agreed (n=46, 53.5%) or strongly agreed (n=15, 17.4%) that they understood the policy on reporting grievances or incidents of discrimination. However, not a small number (n=19, 22.1%) said they neither agree nor disagree. At the same time, there is no designated place/person outside of the local domestic violence program to handle complaints. This is suggested by the lack of clear preference regarding whom the respondents would prefer to file or report grievances.

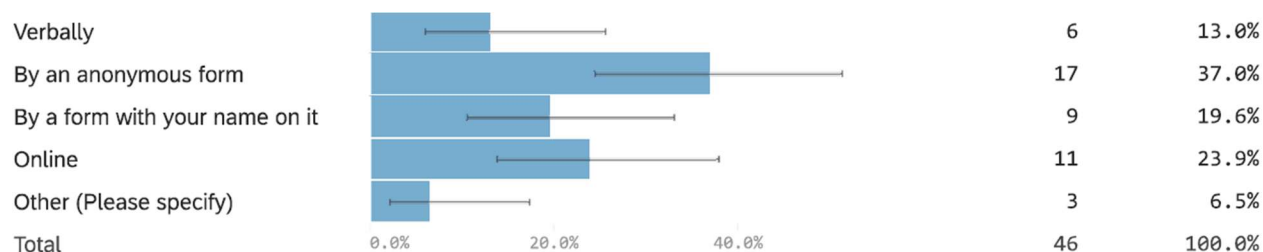


It is in the clients' rights to review their case notes or file. However, a greater number of respondents claimed that they were not allowed or aware of their entitlement to review. This is concerning because more than 40% were unaware of the information in their case notes or file.

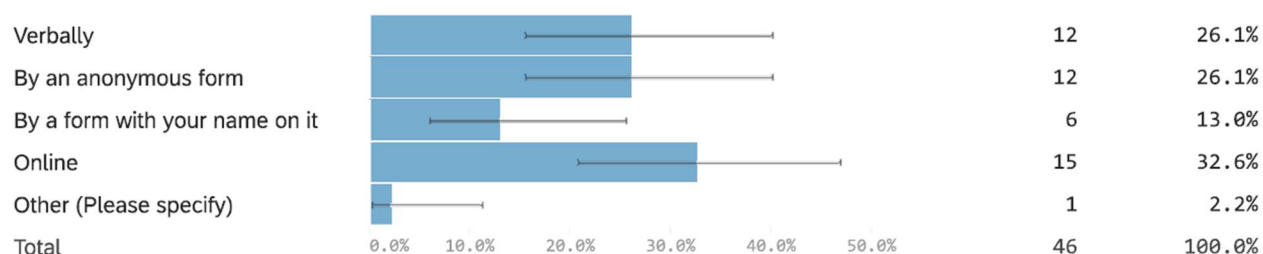


About half of the survey-takers (n=46, 53.5%) have been asked before to provide feedback about their experience with agency services. Various methods were employed, as listed below, but using anonymous forms was the most common practice. When asked about their preferred method of providing feedback, respondents slightly favored sharing their opinions virtually. However, because the confidence intervals overlap, we cannot conclusively recommend a particular mechanism of garnering feedback over another. Nevertheless, it may still be valuable to consider adopting online surveys both due to the ongoing COVID-19 pandemic and to ensure respondent anonymity.

### How were you asked to give feedback?



### How would you have preferred to be asked about your experience with the agency?



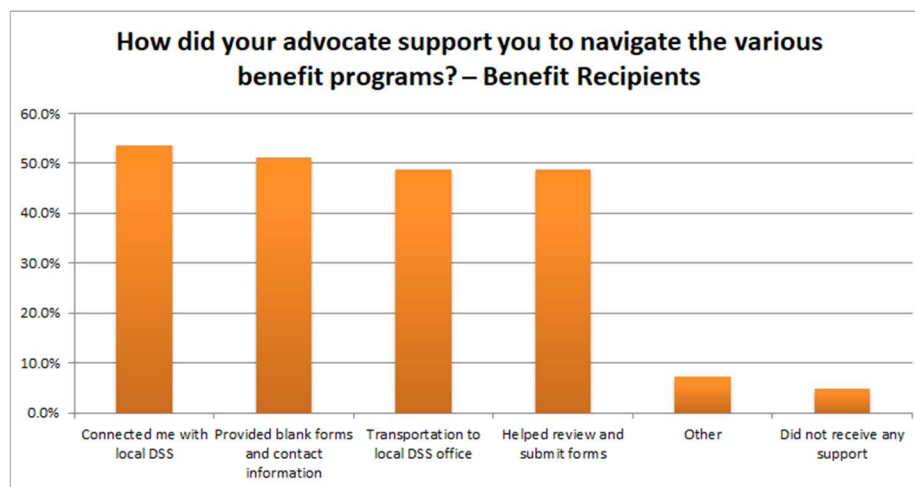
## Community Connection

Finally, the survey examined respondents' community connections with other organizations besides domestic violence shelters or local programs. More than 80% of the respondents (n=70) have never received services from a community-based organization specific to their personal or cultural identity.

Among the remaining 16 individuals who answered "Yes," three Spanish-speakers specified "Nova Salud: Clínica del Pueblo (village clinic)," "Madre Tierra (Mother Earth)," and "Latinos en Virginia y la Iglesia Sagrado Corazón (Latinos in Virginia and the Sacred Heart church)" as the organizations that aided them. The other 13 respondents entered responses that did not identify a specific organization, such as typing "service," indicating some confusion among respondents regarding the question's intent.

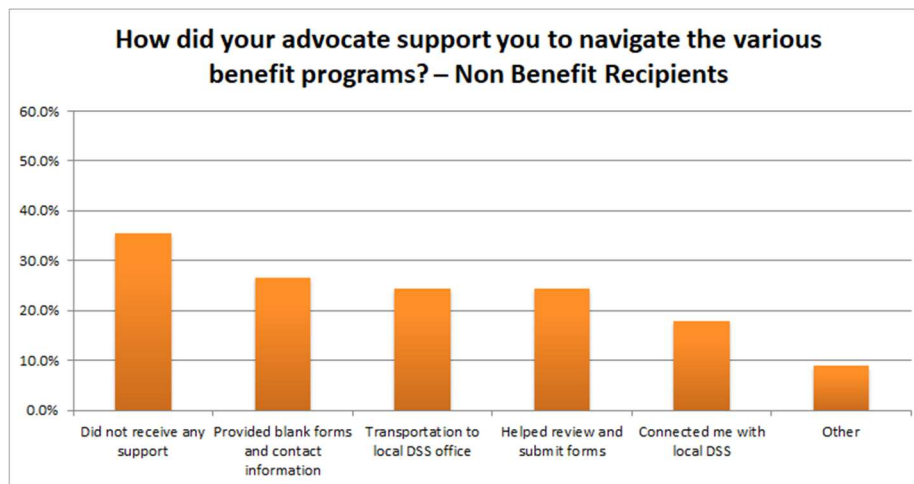
Individuals receiving domestic violence services may be eligible for benefits such as Temporary Assistance for Needy Families (TANF) and Supplemental Nutrition Assistance Program (SNAP) from the Department of Social Services (VDSS). However, in our sample, less than half of respondents (n=41, 47.7%) have received these benefits before.

Navigating the various benefit programs is a very complex process. For this reason, support from advocates can be integral in applying for public benefits successfully. Therefore, we compared the types of all assistance provided by advocates between those who have received benefits and those who have not.



\*Note: respondents could choose multiple answer choices

As illustrated above, most respondents who have ever received benefits were aided by their advocates in a variety of ways: connecting them with local DSS (n=22, 53.7%), providing blank forms and contact information (n=21, 51.2%), providing transportation to local DSS office (n=20, 48.8%), and helping them review and submit forms (n=20, 48.8%). The three “Other” responses specified “additional resources” such as “(Spanish) translation.” Only two of them (4.9%) claimed to have not received any support.

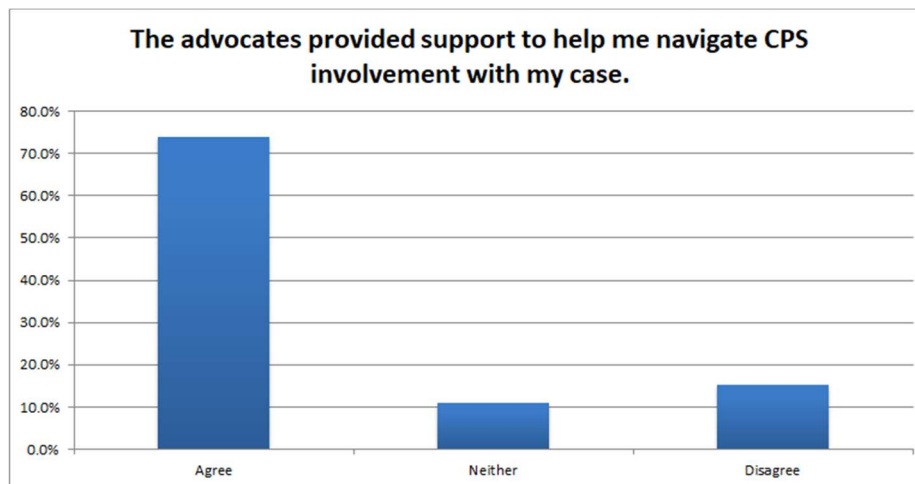


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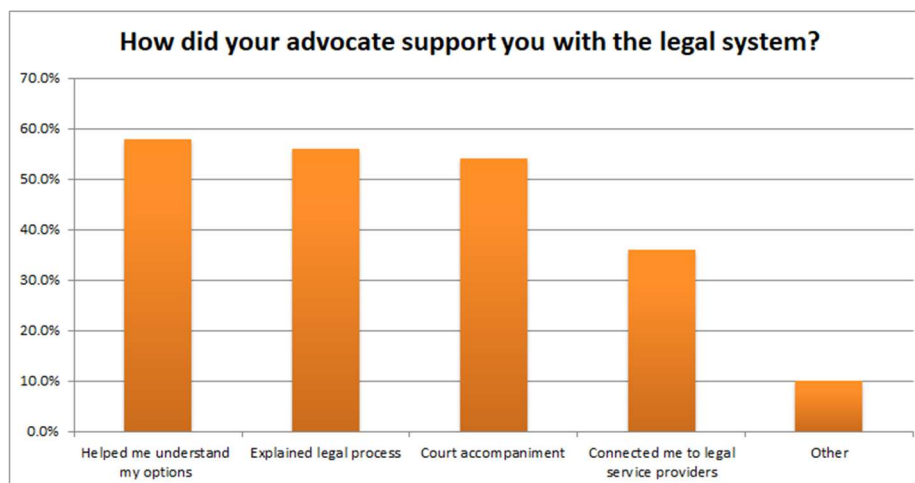
In contrast, respondents with no benefits often selected “I did not receive any support” (n=16, 35.6%). They are also less likely to have received assistance from their advocates.

For many victims of domestic violence, public benefits may be an important source of income. The analysis above offers preliminary evidence that assistance from advocates may help increase their likelihood of attaining these much-needed resources. But, of course, individuals may have elected not to apply for benefits or ask for help from their advocates. More research (e.g., focus group) will be necessary to make a definitive recommendation.

Child Protective Services (CPS) may become involved in a domestic violence case if deemed necessary. About half of the sample (n=46, 53.5%) indicated the CPS involvement in their cases. In addition, these respondents generally agreed (n=34, 73.9%) that their advocates provided support to help navigate the CPS involvement.



Similarly, 58.1% of survey-takers (n=50) indicated that they had accessed the legal system to report a domestic violence threat to themselves or their children's safety. While interacting with the legal system, they have also received support from their advocates in various forms: helping them understand their options (n=29, 58.0%), explaining the legal process (n=28, 56.0%), accompanying them to court (n=27, 54.0%), and connecting them to legal service options (n=18, 36.0%). Four people who chose "Other," wrote in the textbox that they did not receive any aid from advocates; the remaining one response stated help with (Spanish) translation.



\*Note: respondents could choose multiple answer choices



## **Conclusion**

The results of the Survivor Voice survey provide one source of information for the development of the statewide Promising Practices Guide. While survey deployment challenges led to few valid responses, the results offer helpful feedback and insight for improving and developing new service guidelines and quality control measures.

Overall, in future surveys, OFV should brainstorm strategies to increase the survey response rates while preventing invalid responses. To this end, it would be wise to avoid posting survey links to social media and focus instead on distribution through the mailing lists of the domestic violence organizations, if applicable, and reaching out to current clients and shelter residents.

In addition to survey deployment options, the data analysis reveals other potential areas for changes and improvement. The headers below include the data-driven recommendations from each section of the survey.

### **Shelter-related recommendations**

- Review the language of the entry questionnaire to ensure that they are in plain English and easy to understand by people of different ages, educational, and cultural backgrounds. Shelter and service literature and documents should be written no higher than at the 8th-grade reading level. To this end, Microsoft Word can provide basic reading level statistics.
- Include language in the client questionnaire that explains which questions are mandatory and which are elective.
- Ensure that there are multiple methods for residents to request and fulfill their needs, such as hygiene products and food items.
- Ensure that there are sufficient, recurring, and multiple methods of communication regarding shelter residents' time available in the shelter.

- Develop and distribute a client/ resident bill of rights to inform residents of their rights and responsibilities.

### **Non-shelter related recommendations**

- Ensure that anyone seeking Intimate partner violence-related services receives information about the services available to them. Available services can be included as part of email signatures, a standard voicemail script, and a follow-up contact if applicable - to name a few possible examples.
- Investigate outreach options to increase awareness of domestic violence and advocacy services for non-shelter residents.

### **Community Advocacy Services**

- Create and/or publicize programs, such as support groups and advocacy services available to the community beyond emergency shelter services.
- Invest and continue to support virtual services. As community members and domestic violence program staff prepare to transition back to in-person services post the COVID-19 pandemic, it is critical to continue providing convenient and easily accessible services.
- Investigate the possibility of creating a statewide ombuds contact to serve as a neutral party to receive, investigate, and address complaints and suggestions from shelter residents, community, and staff members.
- Develop a statewide process for confidential/ anonymous feedback that is separate from the local shelter.